

**CARLSBAD HOUSING AGENCY
TENANT-BASED RENTAL ASSISTANCE PROGRAM
WAITING LIST UPDATE FORM**

For Office Use Only.

HEAD OF HOUSEHOLD'S LAST NAME: _____

FIRST NAME: _____ SOC. SEC NUMBER: _____

PHYSICAL ADDRESS: _____
Street & Apt. No. City State Zip

MAILING ADDRESS (if different): _____
Street & Apt. No. City State Zip

TELEPHONE NO: _____ WORK NO: _____ MSG. NO : _____

HOUSEHOLD COMPOSITION: (List all persons who **WILL BE** living in the assisted unit.)

NAME	H/H STATUS	RELATIONSHIP	SEX	AGE	BIRTH DATE
1. _____ Social Security #:	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		<input type="checkbox"/> Male <input type="checkbox"/> Female		
2. _____ Social Security #:	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		<input type="checkbox"/> Male <input type="checkbox"/> Female		
3. _____ Social Security #:	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		<input type="checkbox"/> Male <input type="checkbox"/> Female		
4. _____ Social Security #:	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		<input type="checkbox"/> Male <input type="checkbox"/> Female		
5. _____ Social Security #:	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		<input type="checkbox"/> Male <input type="checkbox"/> Female		

(For additional members of your household, attach a separate sheet listing the same information as above.)

HOUSEHOLD INCOME: (Report **ALL** income.)

FAMILY MEMBER	LIST ALL MONTHLY INCOME (Gross Amount)
1.	
2.	
3.	

Total Gross Monthly income of all Household members: \$ _____

CURRENT HOUSEHOLD STATUS : Please check "YES" or "NO" for each of the following situations.

1. Do you, your spouse or co-head **work** in the City of Carlsbad? YES ☐ NO ☐
2. Are you, your current spouse, or deceased spouse a **U.S. Veteran**? YES ☐ NO ☐
3. Are you or your spouse **disabled** or **handicapped**? YES ☐ NO ☐
4. Are you currently **homeless in the City of Carlsbad?** (Lacking a fixed regular night time residence, sleeping in a place not designed as regular sleeping accommodations, or living in a shelter) YES ☐ NO ☐
5. Are you being involuntarily displaced (required to move) due to governmental action? YES ☐ NO ☐
If yes, explain _____
6. Does anyone outside of your household pay for any of your bills or give you money? YES ☐ NO ☐
If so, please explain: _____
7. Are you or any member in your household subject to a LIFETIME SEX OFFENDER REGISTRATION? YES ☐ NO ☐
If yes, please write name of offender: _____

PLEASE NOTE: All statements on this update application must be true and complete. It is your responsibility to notify the Housing Agency, **in writing**, if you have a change in address, income, or family composition.

IMPORTANT: FAILURE to reply to any correspondence, requests for updated information or appointments will result in your application being deleted from the Section 8 Rental Assistance Program Waiting List.

WARNING: MAKING FALSE STATEMENTS IS A FELONY UNDER CALIFORNIA STATE LAW (PENAL CODE SECTIONS: 115, 118, 487, 532) & MAY RESULT IN CRIMINAL CHARGES INCLUDING PERJURY, GRAND THEFT, FILING FALSE DOCUMENTS WITH A PUBLIC OFFICE & OBTAINING MONEY UNDER FALSE PRETENSES! **IN ADDITION**, UNITED STATES CODE; UNDER TITLE 18; SECTION 1001 STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY & WILLINGLY MAKING FALSE STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.